PTO/SB/01 (08-03)
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DECLARATION	SIGN	IT OR	First Named Inventor								
PATENT AF		n	Terry D. Good COMPLETE IF KNOWN								
	R 1.63)	L	Application Number	1							
Declaration	Declarat	tion	Filing Date								
Submitted OR With Initial		ed after Initial urcharge	Art Unit								
Filing	(37 ČFF required	R 1.16 (e))	Examiner Name								
		•									
I hereby declare that:											
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.											
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
Trailer mounted scaffold rack, compartment, and trough											
system for organizing, transporting, and storing construction											
scaffolding and accessories.											
(Title of the Invention)											
the specification of which is attached hereto											
OR	Γ-]								
OR was filed on (MM/DD/Y	YYY)	· · · · · · · · · · · · · · · · · · ·	as United States A	oplication Number or PCT I	International						
	YYY)	and was amended	as United States A		International fapplicable).						
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[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: OR Correspondence address below									
Name Terry D.Good									
Address 110 Williams Road									
City Portersville			State PA					ZIP 16051	
Country US	Telephone 724-368-			8305 Fax					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]) Terry D.					Family Name or Sumame Good				
Inventor's Signature								Date 03-30-2004	
Residence: City Portersville	State PA			Country US				Citizenship US	
Mailing Address 110 Williams Road									
City Portersville	State PA				ZIP 16051				Country US
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])					Family Name or Surname				
Inventor's Signature									Date
Residence: City	State			Country		Citizenship			
Mailing Address									
City	State		ZIP		Count	Country			
Additional inventors or a legal representative are being named on thesupplemental sheet(s) PTO/SB/02A or 02LR attached hereto.									